

FOR BOARD USE ONLY  
Amount Submitted \_\_\_\_\_  
Date \_\_\_\_\_  
Receipt # \_\_\_\_\_



FOR BOARD USE ONLY  
Certificate Number \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Applicant No. \_\_\_\_\_

## GEORGIA STATE BOARD OF VETERINARY MEDICINE

237 Coliseum Drive - Macon, Georgia 31217

Phone (404) 424-9966

<https://sos.ga.gov/georgia-state-board-veterinary-medicine>

### APPLICATION FOR LICENSE AS A **VETERINARY FACULTY**

**Application Fee \$20.00** (\$10.00 application fee + \$10.00 processing fee) **(non-refundable/non-transferrable)**  
**Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.**

Please read the instructions carefully and visit the website to become familiar with the laws, rules and policies governing the practice of veterinary medicine in the State of Georgia: <https://sos.ga.gov/georgia-state-board-veterinary-medicine>.

**The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board.**  
**Please review this application before you submit it to ensure that all information and documentation is complete and correct.**  
**Incomplete applications result in delayed processing.**

**Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.**

The following items **must be received by the Board prior to being considered for licensure**. To expedite the process, submit all documents in one 9 X 12 envelope (or larger) with pages unstapled and unfolded. Keep a copy of this checklist for your records, recording the date the information was submitted.

- ☐ **APPLICATION FORM** – All questions must be answered & form must be notarized
- ☐ **\$20 APPLICATION FEE**
- ☐ **SECURE AND VERIFIABLE DOCUMENT** – See attached document
- ☐ **OFFICIAL TRANSCRIPT** directly from the school showing Doctor of Veterinary Medicine Degree or notarized copy of diploma.
- ☐ **LETTER OF EMPLOYMENT** from the Veterinary or Veterinary Technician School/College/University stating that the applicant will be employed at the school and will practice solely as a faculty member of the institution.

### **Part I: Personal Information**

1. Name: \_\_\_\_\_  
Last First Middle Maiden
2. Mailing Address: \_\_\_\_\_  
(Street) (Apt. #) (City/State/Zip Code)
3. If your mailing address is a P.O. Box, you must provide a physical address:  
\_\_\_\_\_  
(Street) (Apt. #) (City/State/Zip Code)

**If you are granted a license, your name, mailing address and license number are public information.**

4. E-Mail Address: \_\_\_\_\_

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you in order to ensure that your application can be processed in a timely manner.

**Your email address will not be shared with any third party.**

5a. ☐ Please check this box if you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) in accordance with O.C.G.A. § 43-1-34.

5b. As a military spouse/transitioning service member do you want a Temporary Permit if eligible? ☐ Yes ☐ No

6. Telephone #: Home: ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ 8. Place of Birth \_\_\_\_\_

9. Gender: \_\_\_\_M \_\_\_\_F 10. Race: \_\_\_\_\_

11. Social Security Number\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Part II: Professional Education

12. Highest Degree Earned: ☐ Doctorate ☐ Master's ☐ Bachelor's ☐ Diploma/Certificate

13. Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university): \_\_\_\_\_

a. Dates Attended: \_\_\_\_\_ c. Graduation Date: \_\_\_\_\_  
b. Major: \_\_\_\_\_ d. Degree(s) Earned: \_\_\_\_\_

14. Name/Address of Graduate School/University: \_\_\_\_\_

a. Dates Attended: \_\_\_\_\_ c. Graduation Date: \_\_\_\_\_  
b. Major: \_\_\_\_\_ d. Degree(s) Earned: \_\_\_\_\_

15. Name/Address of Post-Graduate School/Hospital (if applicable): \_\_\_\_\_

a. Type of Training: \_\_\_\_\_ b. Dates Attended: \_\_\_\_\_

## Part III: Professional Background

16. ☐ Yes ☐ No Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a traffic violation? (DWI & DUI's are **not** minor traffic violations.)

17. ☐ Yes ☐ No Have you ever had a license revoked or suspended or otherwise sanctioned by any board or agency in Georgia or in any other state?

18. ☐ Yes ☐ No Have you ever been denied issuance or, pursuant to disciplinary proceedings, renewal of a license by any board or agency in Georgia in any other state?

19. The following questions are intended solely to determine the current fitness of an applicant to practice veterinary medicine. Please note that if you are **currently and actively** under contract with the Georgia Professional Health Program (GaPHP) you may answer **NO** to 19A. through 19C.

A. ☐ Yes ☐ No Are you currently suffering from any condition that impairs your judgement or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?

B. ☐ Yes ☐ No Do you currently have any diagnosed mental or physical health disorders or conditions(s) (including alcohol or substance use/abuse) that impairs your judgment or would otherwise adversely affect your ability to safely practice veterinary medicine?

C. ☐ Yes ☐ No Are you currently participating in any drug or alcohol program or impaired practitioner program, outside of the GaPHP, for the treatment of substance abuse?

**If you answered yes to any of the above four questions, you must submit a detailed explanation with your handwritten signature in ink. Also, if answered YES, you must submit certified copies of either court, disciplinary or treatment records and verifications of licensure to Georgia Board office.**

**List all states, jurisdictions or territories in which you now hold or ever held a veterinary license. If you have never held a veterinary license in any state, enter N/A:**

**You must have the licensing board(s) in each state, jurisdiction or territory in which you have ever held a license submit a verification of the license directly to the Board office. A copy of your license is not acceptable.**

I am or will be employed at the following Veterinary College \_\_\_\_\_.

**Note: A letter verifying employment from the above listed Veterinary College must be received by the Board to include an attestation that you, as the named employee, are not engaging in the practice of veterinary medicine without a license and will refrain from the practice of veterinary medicine until you have been properly licensed by the Georgia State Board of Veterinary Medicine.**

#### **Part IV: Limited Power of Attorney**

**If you wish to grant the Board permission to communicate with another individual or entity regarding your application, you must complete the statement below.**

I, \_\_\_\_\_ (***Printed Name of Applicant***), have named, appointed and constituted and by these presents, do hereby, name appoint and constitute \_\_\_\_\_ (***Printed Name, Address and Email Address***) to represent me for any procedures or acts regarding my application with the Georgia State Board of Veterinary Medicine to include verbal communication, signing, delivering or submitting any papers, documents or letters necessary to effect the foregoing authority. Hereby giving and granting unto my said representative full power and authority to do and perform any and all acts and things as I can lawfully do if personally present and hereby ratifying confirming all that my said representative shall lawfully do and cause to be done by these presents.

In witness whereof, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_ in the city of \_\_\_\_\_.

Signature of Applicant \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

(seal)

## Part V: Affidavit of Applicant

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Veterinary Medicine and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 5 & 5 of this application.

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Veterinary Medicine and/or criminal prosecution.

Signature of applicant \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

(seal)



**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form Instructions**

A background check is a required component of any application for licensure. Pursuant to O.C.G.A. §§ 43-50-31(a)(2); 43-50-41, the Georgia State Board of Veterinary Medicine has the authority to refuse to grant license to an applicant, to suspend or revoke the license of a person licensed by the board, or to discipline a person licensed under Chapter 50 of Title 43 or any antecedent law, upon a finding by a majority of the entire board that the licensee or applicant is in violation.

By completing and signing the application for licensure and the Georgia Bureau of Investigation Georgia Crime Information Center Consent Form associated with the application, you are attesting that you:

- Understand the current state laws and rules and regulations of the Georgia State Board of Veterinary Medicine;
- Have received, read and understand your rights (Attachment A and Attachment B) as it relates to a background check; and,
- Give the Georgia State Board of Board of Veterinary Medicine through employees or agents of full consent to conduct a background check prior to considering the complete application for licensure.

Before submitting the form, review it carefully. Be sure to enter the correct name of the licensing Board to which you are applying on the first line. No other names should be entered on that line. Enter your full legal name (no nicknames), your current physical address, sex, race, date of birth and social security number, your official signature and the date of your signature.

**For the purposes of licensure, you are not required to select any options under the "Special Employment Provisions" section.**

In the "**Select the number of days for authorization**" section, you must only choose one (1) of the four (4) options. The options are as follows:

- 1) Select 90 days; OR,
- 2) Select 180 days; OR,
- 3) Specify the number of days from your signature above; OR
- 4) Enter your full legal name on the line below those options giving the Board an indefinite period of time to conduct the criminal history background check.

**If you choose more than one option in the "Select the number of days for authorization" section the form is incorrect and the processing of your application for licensure will be delayed until such time that a corrected form is received.**



**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize \_\_\_\_\_ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Special employment provisions (check if applicable):**

- ☐ Employment with mentally disabled (Purpose code 'M')  
☐ Employment with elder care (Purpose code 'N')  
☐ Employment with children (Purpose code 'W')

**Select the number of days for authorization:**

This authorization is valid for

- ☐ 90  
☐ 180  
☐ days from date of signature

I, \_\_\_\_\_ give consent to the above named to perform periodic criminal background checks for the duration of my employment with this company.

## Attachment A

### NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

## Attachment B

### PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.  
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

\_\_\_\_\_  
**Name**

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued October 28, 2016, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA"), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States

\_\_\_\_\_An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

\_\_\_\_\_Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

\_\_\_\_\_Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

\_\_\_\_\_An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

---

<sup>1</sup>Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.